

YOUTH SERVICES POLICY

Title: Use of Interventions - Secure Care Next Annual Review Date: 10/07/2012	Type: C. Field Operations Sub Type: 2. Security Number: C.2.6
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References: Bailey v. Turner, 736 F.2d 963 (U.S. 4th Cir. 1984); Soto v. Dickey, 36 Cr.L 2068 (U.S. 7th Cir. 1984); Beard v. Stephens, 372 F. 2d 685 (U.S. 5th Cir. 1967); In re: Riddle, 57 Cal. 2d 843, 372 P. 2d 304 (1962); YS Policies A.1.4 "Investigative Services", A.2.1 "Employee Manual", A.2.24 "Staff Development and Training Plan", B.6.2 "Communicable and Contagious Diseases and Infection Control Program", C.1.6 "Institutional Policies/Procedures and Inmate Posted Policies", C.2.2 "Facility Riot, Hunger Strike, Employee Work Stoppage, Significant Disturbance, and Hostage Situation", C.2.12 "Emergency Escorting", C.5.1 "Performance Data and Information", and C.5.2 "Duty Officers and Reporting of Serious Incidents"; ACA Standards 2-CO-3A-01 (Administration of Correctional Agencies); 4-JCF-2A-10, 4-JCF-2A-15, 4-JCF-2A-16, 4-JCF-2A-17, 4-JCF-2A-19, and 4-JCF-2A-29 (Performance-Based Standards for Juvenile Correctional Facilities)	
STATUS: Approved	
Approved By: Mary L. Livers, Deputy Secretary	Date of Approval: 10/07/2011

I. AUTHORITY:

Deputy Secretary of Youth Services as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

II. PURPOSE:

To establish Safe Crisis Management (SCM) in Youth Services (YS) secure care facilities as the approved method for intervening in crisis situations, by providing rules and procedures regarding physical interventions and the authorized uses of mechanical restraints. This policy is designed to minimize the possibility of injury to youth and staff, and maximize the effectiveness of the use of physical interventions and restraints.

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Undersecretary, Deputy Undersecretary, Chief of Operations, Deputy Assistant Secretaries, Investigative Services staff, designated Central Office staff as determined by their job duties, Facility Directors and all secure care staff. The Facility Director shall adopt written procedures as outlined in this policy regarding the Use of Interventions/SCM and the circumstances under which it is to be utilized.

IV. DEFINITIONS:

Behavior and Accommodations Binder (BAB) – A binder containing the Initial Behavior Support Plan (IBSP) completed on youth with a history of requiring physical intervention, as well as the most current Unified Behavior Plan (UBP) for Youth with Special Needs. The BAB shall contain these two documents for youth residing in a particular housing area, and shall be maintained in an area readily accessible to staff at all times. Staff shall be advised of the location, content, and purpose of the binder as it relates to this policy, and shall review the BAB at the beginning of every tour of duty.

Debriefing (Staff) - a structured counseling session held immediately following the use of physical intervention, but no later than the involved staff's tour of duty, with the Facility Director/Deputy Director/Assistant Director to examine the events that occurred and what actions could be improved upon in the future.

Debriefing (Youth) - a counseling session or circle-up held immediately following the use of physical intervention, with a supervisor not involved in the incident and counseling staff if available, to help the youth develop an awareness of his misbehavior and to find more acceptable ways of coping.

Developmentally Disabled (MR) – refers to significant sub-average intellectual functioning with an Intelligence Quotient (IQ) of 70 or below with concurrent deficits or impairments in present adaptive functioning in at least two of the following areas: communication; self-care; home living; social/interpersonal skills; use of community resources; self-direction; functional academic skills; work; leisure; health and safety; with onset before age 18.

Flex Cuffs - a flexible plastic restraining device designed specifically for restraining individuals, to be used only in extraordinary situations, and only under the guidelines established in this policy.

Force - A physical or mechanical intervention that causes someone to act in a manner contrary to his intent or causes him to change his behavior to a desired action or to more desirable conduct.

Initial Behavior Support Plan (IBSP) – A behavior support plan developed for youth with a history of requiring physical intervention, by their assigned Case Manager, which identifies triggers, successful intervention strategies, anger and anxiety management options for calming, techniques for self-management, and goals that address the behaviors requiring intervention.

Juvenile Justice Specialist (JJS) - Formerly referred to as custody staff, security staff, Youth Care Officer, and Youth Care Worker.

Mechanical Restraints - Approved handcuffs, handcuff belts, leg irons, and their keys; and that shall only be applied by trained staff.

One-on-One Supervision - Constant observation of a youth by assigned staff, who shall remain within six feet of the youth at all times without interruption, and who shall not be permitted to engage in other activities during this assignment.

Physical Intervention - A use of force which involves the application of approved techniques or restraints by a staff member to physically restrain a youth whose behavior is out of control, presenting an unsafe situation.

Precaution Body Fluid (PBF) - known to transmit HIV and hepatitis viruses.

Safe Crisis Management (SCM) - the approved intervention curriculum and techniques employed by the Office of Juvenile Justice for providing a control method that shall accomplish the goal of maintaining a safe environment for youth and staff. The SCM training program was developed by JKM Training, Inc. to provide staff charged with the responsibility of behavior and intervention with the most professional and safest approach to managing acting-out behavior.

Seriously Mental Illness (SMI) – Disorders of mood and cognition (with the exception of developmentally disabled/MR) that significantly interfere with functioning in at least one essential sphere of the youth's life (e.g. psychotic disorders, mood disorders, the aggressively mentally ill, and youth who exhibit self-mutilating or suicidal behavior). Youth with these disorders may be referred to as "SMI" youth.

Shift Supervisor - the individual who is responsible for the current shift.

Staff Development Training Specialist- A full time secure care trainer position, at the unit level, that has completed a specialized 40-hour training-for-trainers curriculum through the Agency or other qualified source, [i.e., American Correctional Association, National Institute of Corrections, Federal Bureau of Investigation Instructor Development Course (FBI-IDC), etc.], responsible for the development, documentation, and delivery of the Agency's approved training.

Tap Out - a technique used to remove a staff member involved in a situation whose continued involvement has the potential for escalating or aggravating an incident by indicating that the staff member has a "phone call" or is needed in another room.

Tour of Duty - the time an employee spends on duty at work, from the time he reports for duty until the end of his shift or until he is authorized to leave the facility.

Unified Behavior Plan for Youth With Special Needs - (previously known as the accommodations sheet) - a document developed by the youth's Case Manager, and maintained on youth designated by the contracted health care provider as MR. This plan shall include any physical limitations and/or precautions that staff must be aware of in the event a physical intervention is necessary.

Unusual Occurrence Report (UOR) - A UOR is a document that must be completed by any staff involved in a use of physical interventions incident, any staff that witnesses such an incident, any staff that is in the area of such an incident, and any staff who is told by a youth of such an incident. A UOR must also be completed by staff witnessing any occurrence out of the ordinary, regardless of the magnitude of that occurrence.

V. POLICY:

It is the Deputy Secretary's policy that all reasonable steps shall be taken to minimize situations requiring the use of a physical intervention by staff against youth, and to minimize the amount of physical intervention required in those situations. It is recognized, however, that physical intervention may be necessary to accomplish the legitimate goals of YS, including public safety, the safety of staff and youth, and the maintenance of stability and safety.

Crisis situations shall be managed by the principle of the **least restrictive alternative**. It is the policy of the Deputy Secretary that physical intervention shall be used as a last resort when all other means of intervention have been unsuccessful or when time and circumstance do not permit alternative options. In crisis situations, mechanical restraints may only be used as described in this policy, and with the expressed approval of the Facility Director/Deputy Director/Assistant Director or in their absence, the Deputy Assistant Secretary (DAS)/Facilities, when all available less forceful measures fail to accomplish control. The physical intervention used shall be in proportion to the threat and shall cease when the resistance ceases. Only approved techniques may be used.

Employees are to act in accordance with SCM/Use of Intervention methods approved by YS when confronted with situations requiring the use of physical intervention. All uses of physical intervention shall be managed and monitored by appropriate supervisory personnel whenever possible, time and circumstance permitting, and as specifically described herein.

VI. ESSENTIAL FUNCTIONS:

Designated Central Office staff as determined by their duties, and all OJJ secure care facility staff must fully participate in both the theory and physical portions of the SCM/ Use of Interventions training, and must pass the theory portion.

In addition, all Juvenile Justice Specialists (JJS) must be tested on and pass both the theory and physical portions of the SCM/Use of Interventions training.

A. Existing JJS staff: shall fully participate in SCM/Use of Interventions training, unless medical certification dictates otherwise, passing both the theory and physical portions. Medical certification must be provided indicating the employee cannot pass the physical portion.

1. *Temporary inability*: For those persons whose inability to pass the physical portion is temporary, the medical certification document shall stipulate that the inability to pass the physical portion is temporary. If temporary, the staff member shall be required to pass the physical portion when that inability is no longer present. Quarterly medical updates are required for those with temporary disabilities reflected in the medical certification. The original medical certification shall be submitted to the Facility Director, with a copy to the supervisor and the facility Staff Development Training Specialist for continuous monitoring of the employee's training status.

2. *Permanent inability:* If the inability is due to a permanent condition, an update is required at the annual evaluation/PPR/review. Failure to submit the required medical certification shall subject the employee to disciplinary action for failure to follow a direct order.

Facility Directors are required to establish and implement procedures for obtaining medical certification for staff who have a medical reason as to why they cannot participate in any part of the SCM/Use of Interventions training. Whether this inability is permanent or temporary, medical certification must be presented to the Facility Director and forwarded to Central Office Human Resources.

- B. New hires: All JJS staff hired on August 20, 2009 or later, are required to pass both the theory and physical portions of SCM/Use of Interventions training in order to retain their position. If the new hire fails either portion of the test, he/she shall be allowed one opportunity to re-take that portion. Retesting must occur within 10 working days. Failure to pass shall result in separation from employment.

VII. GENERAL:

- A. Physical Intervention shall not be used when a youth is under control, and shall not normally be used if the youth is in a self-contained unit, unless all other means of control have failed.
- B. Physical intervention shall not be used for the harassment or punishment of youth.
- C. Physical intervention shall only be used to the degree and duration necessary to gain compliance.
- D. Physical intervention using any technique other than that which is taught in the YS approved curriculum is strictly prohibited.
- E. Physical intervention shall be consistent with the information contained in a youth's Individual Behavior Support Plan (IBSP) / Unified Behavior Plan (UBP) sheet, located in the Behavior and Accommodations Binder (BAB).
- F. The Unit Management Team shall review the BAB on a daily basis. JJS staff shall document their review in the logbook; social services staff shall document their review in the Daily Observation Log.
- G. When time and circumstances permit, physical intervention shall not be used against identified seriously mentally-ill (SMI) or developmentally disabled (MR) youth before appropriate medical, mental health or counseling personnel can be called to the scene to assist in managing the youth.

- H. Any staff member present during an incident shall implement the “tap out” technique when a particular staff member's involvement has the potential for escalating or aggravating an incident. Use of the “tap out” technique must be reported on the UOR. A staff member who is “tapped out” must immediately leave the room or general area of the incident. This does not prevent the tapped out staff member from returning to provide staff assistance if the need arises.
- I. The following debriefings shall take place as soon as possible after the incident, but no later than the end of the involved staff's tour of duty. The supervisor shall document these findings on the Use of Physical Intervention/Mechanical Restraint/Flex Cuff Report form [C.2.6 (c)].
 - 1. Youth debriefing:
A counseling session or circle-up held immediately following the use of physical intervention with a supervisor not involved in the incident, and counseling staff if available, to help the youth develop an awareness of his misbehavior and to find more acceptable ways of coping.
 - 2. Staff debriefing:
A structured counseling session held immediately following the use of physical intervention, but no later than the involved staff's tour of duty, with the Facility Director/Deputy Director/Assistant Director to examine the events that occurred and what actions could be improved upon in the future.
- J. Any staff person who witnesses a use of physical intervention, or to whom an allegation of excessive or inappropriate use of physical intervention is made, shall immediately report the incident to his or her supervisor. A UOR shall be submitted to the supervisor fully documenting the circumstances of the incident or allegation prior to the end of the reporting employee's tour of duty. Failure to file this report prior to the end of the staff member's tour of duty or to undertake any action to misrepresent, misidentify, distort, ignore or falsely state or fail to report all of the circumstances shall result in disciplinary action. Any willful misrepresentation that meets the standard established for criminal prosecution shall be reviewed by the Deputy Secretary, and possibly submitted to the appropriate law enforcement authority.
- K. Immediately after a situation has been brought under control through the use of physical intervention, the youth involved shall be examined by qualified medical personnel. Staff may also be referred to facility medical personnel.
- L. Medical staff shall document in the youth's medical record any injuries reported or observed. Medical staff are also required to call the IS Hotline to report any injuries that appear to have resulted from excessive or inappropriate use of physical intervention.

- M. All Accident & Incident (A&I) Reports and photographs shall be forwarded to IS for review upon completion.
- N. Precautions for potential contact with PBF or Type I non-PBF shall be in accordance with YS Policy No. B.6.2.

VIII. AUTHORIZED USE OF PHYSICAL INTERVENTION:

- A. The use of physical intervention is authorized in order:
 - 1. To prevent an escape;
 - 2. To prevent an act which could result in death or bodily harm to the youth or to another person;
 - 3. To defend one's self or others against a physical assault;
 - 4. To separate participants in an altercation;
 - 5. To prevent damage to property; and/or security systems or to recover a weapon;
 - 6. To control a high profile incident such as a major group/unit disturbance which threatens the safety/security of the facility; or
 - 7. To enforce direct orders or instructions when all the steps of the continuum have been exhausted.

IX. PHYSICAL INTERVENTION CONTINUUM:

- A. Physical intervention shall be used only as a last resort, time and circumstance permitting. Employees shall take all reasonable steps as outlined in C.1 - 9 below to minimize situations requiring physical interventions. If physical intervention is required, it shall only be used at the level necessary to achieve the lawful purpose.

Staff members are responsible for a working knowledge of the BAB for the youth under their supervision. Staff shall continuously consult the BAB to keep themselves aware of the youth's special handling needs and/or special coding. This will allow staff to determine the appropriate course of action to handle the youth.

- B. When there is no immediate threat to personal safety, factors to consider when determining the need for physical intervention include, but are not limited to:
 - 1. The lack of appropriate response to repeated direct orders, de-escalation techniques, and other efforts to temper the situation;

2. The severity of the situation and/or behavior;
 3. The serious disruption to the unit or program activity and supervision;
 4. The prospect that other youth may become involved in disruptive behavior;
 5. The prospect of potential for damage to security or safety systems; or
 6. The prospect of potential escape.
- C. The steps of the physical intervention continuum are as follows:
1. Request for compliance by giving verbal instructions in a fair and respectful manner.
 2. Discussion/counseling with the youth involved in the negative behavior in an attempt to de-escalate the situation.
 3. Continued dialogue in a firm non-threatening manner clearly instructing the youth engaged in noncompliant behavior to cease the activity and comply with the request of staff.
 4. Calling for additional staff (if available) in the immediate area to provide staff presence where the incident is occurring. Staff shall approach in a non-threatening manner, and at the same time assess the situation. If no additional staff is available, the control center/supervisor should be contacted immediately.
 5. Once additional staff is present, they may assist in isolating the situation by either removing the youth, or the remaining youth, from the immediate area and providing back-up for the staff engaging the youth.
 6. "Tap out" of the staff member involved in an escalating situation whose continued involvement has the potential for escalating or aggravating an incident. This is done by indicating that the staff member has a "phone call" or is "needed in another room." The replacement staff shall then attempt to counsel the youth and continue with the de-escalation process. This does not prevent the tapped out staff member from returning to provide staff assistance if the need arises.
 7. Removing the youth if the youth does not comply with verbal instructions and additional staff has been called to the area. Removals occur in two forms:
 - a. Voluntary seclusion of the youth in his room if assigned to a specialized unit; or
 - b. Removing the youth without the use of physical intervention to an empty dayroom, empty hallway; or other area within camera view that can be secured if permissible.

8. Special consideration youth:
 - a. Staff shall take note of any medical problems the youth has that makes the application of physical intervention inappropriate.
 - b. Staff shall take note of any SMI/MR problems the youth has that make the application of physical intervention inappropriate. Mental health assistance shall be requested to counsel and assist the youth in regaining self-control, and encourage the youth to comply with the requests of staff.
9. If all previous efforts listed above at gaining compliance have not been successful, the following shall occur:
 - a. Staff involved shall contact the control center/supervisor and advise of the escalating situation.
 - b. The control center operator shall dispatch the shift supervisor and additional staff to the area to assist with the situation.
 - c. The shift supervisor shall assume control of the situation upon arrival, and assign arriving staff to strategic positions within the area to present a non-threatening, yet numerically sufficient staffing presence to assist in convincing the youth that it is in their best interest to comply with staff's verbal directions. To avoid escalating the incident, the youth shall not be crowded. Staff shall remain a discreet distance from the youth while counseling is taking place, and shall take direction from the shift supervisor until the situation is resolved. The shift supervisor shall complete the following:
 - 1) Consult with the staff on the scene regarding the situation;
 - 2) Devise a plan for handling the situation and discuss it with staff present as appropriate;
 - 3) Position staff to affect an appropriate physical intervention, if necessary;
 - 4) Counsel the youth in an attempt to gain compliance;
 - 5) Instruct the youth to comply;
 - 6) Explain the consequences of noncompliance to the youth;
 - 7) Make one last attempt to gain compliance;
 - 8) If the youth fails to comply, the shift supervisor shall instruct staff to use physical intervention and assist the youth out of the area;
 - 9) If the youth resists attempts to physically assist him from the area, the shift supervisor shall direct increasing levels of physical intervention; prior to an initial application of mechanical restraints however, the expressed approval of the Facility Director/Deputy Director/Assistant Director or in their absence, the DAS/Facilities must be granted;
 - 10) The shift supervisor shall ensure that all post-intervention protocols are followed, including having the youth examined by medical; and ensuring that staff and youth debriefings occur; and

11) Ensure all staff assigned to the area, called to the area, or present during the incident complete a UOR prior to the end of their tour of duty.

- d. The use of physical/mechanical intervention shall not be employed prior to the expressed approval of the Facility Director/Deputy Director/Assistant Director or in their absence, the DAS/Facilities, and without a supervisor's arrival on the scene, unless the situation becomes an uncontrolled escalated situation as described in Section X below.

X. EXCEPTIONS TO THE CONTINUUM:

A. Uncontrolled escalated situations are those which may require the immediate employment of physical intervention in order to attempt to physically stop a youth from causing serious injury to themselves or others, and in which the youth physically resists the staff's attempt to stop their uncontrolled behavior are defined as follows:

1. To prevent an escape;
2. To prevent an act which could result in death or bodily harm to the youth or another person;
3. To defend one's self or others against a physical assault;
4. To separate participants in an altercation;
5. To prevent substantial damage to property; and/or security systems or to recover a weapon;
6. A high profile incident such as a major group/unit disturbance which threatens the safety/security of the facility.

Use of physical intervention in circumstances listed in 1 through 6 above shall not require the approval of the supervisor or above prior to use. The intervention utilized, and the reason for the intervention, must be clearly articulated on the UOR which must be submitted prior to the end of all involved staff's tour of duty.

XI. AUTHORIZED USES OF MECHANICAL RESTRAINTS:

Mechanical restraints shall not be utilized for the purpose of punishment. When the need for mechanical restraints arises, restraints shall not be applied without the expressed approval of the Facility Director/Deputy Director/Assistant Director or in their absence, the DAS/Facilities, and the use shall be time limited, with restraints used no longer than it takes for a youth to become calm. As soon as the youth is calm and there is no further threat of danger to self, others, or government property, the restraints shall be removed immediately. Throughout the use of mechanical restraints, the Supervisor on duty shall be present to actively engage, coach and model appropriate and expected de-escalation techniques to Direct Care Staff. The on duty Supervisor shall remain present with the restrained youth and staff until the mechanical restraints have been removed. If approval is granted by the DAS/Facilities, the Facility Director shall be immediately notified upon authorization, and subsequently upon removal.

If there is a cause for the prolonged use of the restraints for a duration of 30 minutes or longer due to grave concern for the safety of the restrained youth or others, the Facility Director shall consult with the DAS/Facilities for the continued use of restraints. Subsequently, the Facility Director shall also notify the DAS/Facilities when restraints are removed.

- A. Mechanical restraints that are authorized for use are: handcuffs, handcuff belts, and leg irons.
- B. When a handcuff belt is not used, handcuffs shall be applied behind the back to minimize the risk of injury to the youth and staff.
- C. Mechanical restraints may be used under the conditions set forth below. Youth in restraints must be under close visual supervision.
 1. For transportation of youth **outside** the facility, staff shall utilize handcuffs, leg irons and/or handcuff belts, unless the Facility Director orders that they be transported without restraints (i.e. for medical reasons); or
 2. For movement of youth **within** the facility, no mechanical restraints shall be used except under the following conditions:
 - a. Handcuffs and/or handcuff belt may be used if the facility has documented that the youth poses a current escape risk or has engaged in a recent pattern of assaultive behavior toward staff or other youth, as determined and authorized by the Facility Director/Deputy Director/Assistant Director or in their absence, the DAS/Facilities.
 - b. Leg irons may only be used for transportation within the facility if the conditions of e. below are met.
 - c. Handcuffs and/or a handcuff belt may be used to transport a youth from regular housing to a self-contained unit after an altercation or other serious incident.
 - d. Handcuffs and/or a handcuff belt may be used for movement of youth who are in a Crisis Intervention Unit (CIU) or time out rooms for disciplinary reasons.
 - e. Handcuffs, a handcuff belt and/or leg irons may be used by trained staff for **control of a youth** who, after less restrictive measures have not been successful, continues to engage in aggressive or assaultive behavior or presents a danger to himself, another youth, staff, or the security of the facility. This must be approved by the Facility Director/Deputy Director/Assistant Director or in their absence, the DAS/Facilities. ***Continuous one-on-one visual and physical supervision is required in these instances.*** The staff person assigned to provide continuous one-on-one supervision shall ensure that the physical needs of the youth are met promptly. Once the behavior ceases and the restraints are removed, the youth shall be examined by medical staff, and transported to the CIU for further assessment and processing.

- D. A medical examination after the routine use of mechanical restraints (i.e. court, field trips, medical trips, etc.) is not required. However, immediate medical treatment shall be provided if there is a visual indication of an injury or if the youth identifies a specific medical complaint.

A medical examination is required for all other uses of mechanical restraints.

- E. Mechanical restraints shall be applied in a manner that is consistent with the YS approved training curriculum, and shall not be applied in a manner:
 - 1. That causes undue physical discomfort, inflicts unnecessary pain, or restricts the blood circulation or breathing of the youth; or
 - 2. That is continued beyond the period of time needed to enable the youth to gain control of his behavior, or following the termination of transportation or movement.
- F. Reporting and documentation requirements are as described in Section XVIII of this policy.

XII. LIMITED USE OF FLEX CUFFS IN EXTRAORDINARY SITUATIONS:

- A. Flex cuffs shall only be used under the following guidelines established in this policy, and following the guidelines set forth in Section XI above:
 - 1. When the supply of approved mechanical restraints in the facility is exhausted; or
 - 2. When conventional mechanical restraints do not fit the youth because of the size of the youth; or
 - 3. During an emergency (i.e. hurricane, disaster, etc.), mass transportation of youth from the facility to a safe location. (Refer to YS Policy No. C.2.12)
- B. Reporting and documentation requirements for the use of flex cuffs are as described in Section XVIII of this policy.

XIII. PERSONNEL AUTHORIZED TO CARRY HAND-CUFFS AND MECHANICAL RESTRAINT KEYS:

- A. Handcuffs may only be carried by staff approved by the Facility Director, and must be worn on the belt in a standard handcuff case.
- B. Only OJJ issued / purchased mechanical restraints shall be used. The carrying or use of personal mechanical restraints shall result in disciplinary action.

- C. Staff shall only possess restraint keys that have been issued with the restraint. Possession of any other restraint keys at any time is strictly prohibited.

XIV. INVENTORY, STORAGE, MAINTENANCE, AND SANITATION OF MECHANICAL RESTRAINTS:

- A. All mechanical restraint equipment shall be stored in a secure, but readily accessible, storage site outside of youth housing and activity areas. A written record shall be maintained at each facility of all routine and emergency distribution of mechanical restraint equipment.
- B. Each facility's procedures on inventory, storage, maintenance, and sanitation of mechanical restraints shall include the specific guidelines outlined below:
 - 1. Each mechanical restraint device shall include a unique identifying number.
 - 2. An inventory logbook shall be maintained at the restraint storage site, indicating each mechanical restraint device's unique identifying number.
 - 3. Staff responsible for mechanical restraints shall make a log entry at the beginning of each shift indicating the number of restraints present and their condition (are they clean and in good working order).
 - 4. When a mechanical restraint device is removed/checked out from the storage site, the staff member checking out the device shall record the following information in a separate logbook, designated for mechanical restraint device usage:
 - a. Date and time of removal;
 - b. Name of person authorizing the removal;
 - c. Name of person removing the device;
 - d. Identifying number;
 - e. Reason for the removal;
 - f. Date and time the device was returned; and
 - g. Indication as to whether or not the mechanical restraint device was used while checked out.
 - 5. Mechanical restraint equipment shall be sanitized on a routine basis, and following each use, with a disinfectant. Disinfectants maintained for this purpose shall be properly stored in the area and inventoried in accordance with YS Policy No. A.7.1.

XV. INVENTORY AND STORAGE OF FLEX CUFFS:

- A. Flex cuffs shall be stored in a secure, but readily accessible storage site outside of youth housing and activity areas. A written record shall be maintained at each facility of all routine and emergency distribution of flex cuffs.
- B. Each facility's procedures on inventory and storage of flex-cuffs shall include the specific guidelines outlined below:
 - 1. An inventory of flex cuffs consistent with the youth population shall be maintained at each secure care center for youth, and shall be available and accessible in extraordinary situations as outlined in XII. A. above.
 - 2. When a flex cuff device is removed/checked out from the storage site, the staff member checking out the device shall record the following information in a separate logbook, designated for flex cuff restraint device usage:
 - a. The number of flex cuffs on hand prior to and following each usage;
 - b. Date and time of removal;
 - c. Name of person authorizing the removal;
 - d. Name of person removing the device;
 - e. Number of flex cuffs removed;
 - f. Reason for the removal;
 - g. Number of flex cuffs returned; and
 - h. Indication as to whether or not the device was used while checked out or returned unused.
- C. Flex cuff cutting tools designed to release youth from flex cuffs shall be on hand at all times and stored at the storage site. The facility procedure shall ensure that flex cuff cutting tools are made available to staff whenever flex cuffs are used.

XVI. USE OF PHYSICAL INTERVENTION IN A FACILITY RIOT, SIGNIFICANT DISTURBANCE, AND HOSTAGE SITUATIONS:

The use of deadly force is not in the YS training curriculum. In the event of a facility riot, significant disturbance, hostage situation, serious or other incident that presents clear and imminent danger to staff, youth, or visitors, outside law enforcement agencies such as local police or state authorities may be summoned to intervene, at the discretion of the Facility Director.

XVII. MANDATORY TRAINING:

- A. OJJ staff, as described in Section VI. of this policy, shall participate in SCM/Use of Interventions training. This training shall be conducted during new hire orientation and annual in-service training by SCM Certified Instructors. JKM guidelines shall be followed.
- B. Mandatory training shall be scheduled and documented following revisions to the currently approved policy upon issuance for all secure care employees.

XVIII. REPORTING, DOCUMENTATION AND REVIEW REQUIREMENTS:

- A. Situations involving a physical intervention as described in Section VIII, XI.C.2. b. and e., and Section XII, shall be reported on a UOR by all staff involved in, witnessing, in the area of the incident, or told by a youth of such an incident involving a physical intervention. The UOR shall be completed and submitted to the shift supervisor no later than the conclusion of reporting employee's tour of duty. All prior efforts and steps to de-escalate the situation and avoid the use of physical intervention shall be described in the UOR.
- B. The following reports shall be completed as appropriate to the incident:
 - 1. Unusual Occurrence Report (UOR);
 - 2. Use of Physical Intervention/Mechanical Restraint/Flex Cuff Report - This report must be completed for each use of restraints as described in A. above.
 - 3. Accident/Incident Report (A&I) and accompanying photographs.
- C. The Facility Director/designee shall review all uses of physical intervention incidents, and refer any improper uses to the IS office located on the grounds of the facility. This does not include the routine use of mechanical restraints for transport or internal escort purposes, as outlined in Section XI. C., unless there is cause for review (e.g. reason to believe the restraints were improperly applied, etc.).
- D. IS staff shall independently review all physical intervention incidents.

XIX. QUALITY ASSURANCE:

- A. Monthly reporting shall be in accordance with YS Policy C.5.1 is required.
- B. Quarterly investigation file reviews shall be conducted by Central Office IS staff.

C. Annual reporting through Continuous Quality Improvement Services (CQIS) shall occur on the following:

- 1) Use of Physical Intervention/Mechanical Restraint/Flex Cuff Report;
and
- 2) Random Youth Surveys

XX. POLICY VIOLATION:

Any employee who violates this policy shall be subject to disciplinary action and may be required to attend additional training at the Facility Director/Deputy Director/Assistant Director's discretion. Additional training may be specifically scheduled for the employee or the employee may be required to attend the next scheduled new-hire 3-day SCM/Use of Interventions training classes at the employee's facility or another facility. This training shall be in addition to any regularly-scheduled training the employee is required to attend.

Previous Regulation/Policy Number: C.2.6

Previous Effective Date: 5/5/11



Attachments/References: C.2.6 (a) Restraints List 10-01-09.doc C.2.6 (b) UOR 10-01-09.doc



C.2.6 (c) Use of Physical Intervention, Mechanical Restraint, Flex Cuff Report 10-7-11.docx



C.2.6 (d) Offender Witness Statement 10-01-09.doc C.2.6 (e) UOR Supplement 10-01-09.doc